

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR: Wynn, *et al.*

FOR: TREATMENT OF FIBROSIS BY ANTAGONISM OF IL-13
AND IL-13 RECEPTOR CHAINS

Mail Stop PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Washington, D.C. 20231



**REQUEST FOR FILING A CONTINUING PATENT APPLICATION
UNDER 37 C.F.R. §1.53(b)**

1. This is a request for filing a divisional application under 37 C.F.R. §1.53(b). This application is a divisional of copending application USSN 09/301,808, filed November 29, 1999. The contents of this application are incorporated herein by reference in their entirety.
2. A true copy of the parent application USSN 09/301,808 is enclosed. This application is a total of 70 pages. This application includes:
 - 62 pages of specification (not including claims, abstract, or figures)
 - 7 page of claims
 - 1 page of abstract
3. The parent application USSN 09/301,808 was examined in Art Unit 1647 by Examiner Fozia M. Hamud.
4. A copy of a signed combined Declaration/Power of Attorney submitted in parent application USSN 09/301,808 is included. (9 pages). Also enclosed is an Associate Power of Attorney submitted May 9, 2001 in parent application USSN 09/301,808. (2 pages)
5. Please use the computer readable form (CRF) of the sequence listing from parent application 09/301,808 in the present application. The CRF and paper copy of the sequence listing in the present application are identical.
6. A preliminary amendment is enclosed (14 pages). Please enter the amendment prior to calculating fees due in this application.

FIRST-NAMED INVENTOR: Wynn, et al
Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

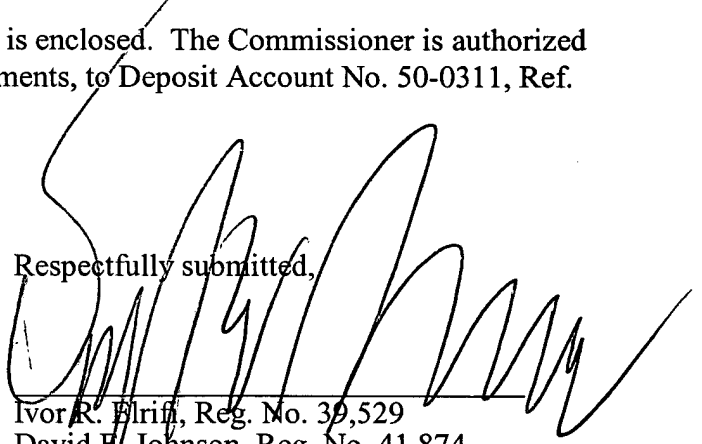
7. Fees associated with this application following entry of the preliminary amendment are calculated as follows.

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$750.00
Total Claims (37 C.F.R. 1.16(c))	32	- 20 =	12	\$18.00	\$216.00
Independent Claims (37 C.F.R. 1.16(b))	2	- 3 =	0	\$80.00	
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))	0			\$270.00	
SUBTOTAL:					\$966.00
TOTAL FEE:					\$966.00

8. A check (#16999) in the amount of \$966.00 is enclosed. The Commissioner is authorized to charge any additional fees due, or credit overpayments, to Deposit Account No. 50-0311, Ref. No. 22058-519CIPDIV2.

9. A return receipt postcard is enclosed.

Respectfully submitted,


Ivor R. Elrif, Reg. No. 39,529
David H. Johnson, Reg. No. 41,874
Attorney for Applicants
MINTZ, LEVIN, COHN, FERRIS,
GLOVSKY AND POPEO, P.C.
Please address all correspondence to
customer number 30623
Tel: (617) 542-6000
Fax: (617) 542-2241

Dated: September 25, 2003